Fosse Healthcare Limited

Fosse Healthcare - Derby

Inspection report

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Date of inspection visit:
21 March 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection that took place on 22 March 2017.

Fosse Healthcare - Derby provides personal care and treatment for adults living in their own homes. At the time of our inspection the service supported 50 people who lived within the city of Derby.

This was our first inspection of the service since they registered with us on 21 April 2016.

There is no registered manager in post. The manager is currently awaiting a disclosure and barring check, (DBS) check which will allow an application to register with CQC. At the point of publication this application had not been received.

The service does not have registered manager. The current manager is awaiting documentation before she can forward an application to be registered. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received mixed comments about the quality and consistency of service people received. Some people told us they were pleased with the service and the manager and staff listened to them, wanted to hear their views, and kept them informed about the service. Others however told us about missed calls, changes of staff at short and sometimes no notice and changes of call times that impacted on the person receiving the service.

Medicines were now well managed following intervention by the new manager. There had been a number of occasions where people had not been given their medicine, or medicine was given but this had not been recorded on the appropriate charts.

Staff ensured most people had enough to eat and drink, with a small number that told us about early meals and lack of fluids between visits. Most staff took a flexible approach to the people they supported regularly by assisting them with additional household tasks. However there were a number of incidents reported to the staff at the office where people were unhappy with staff where they had left tasks incomplete. People and their relatives were aware how to make complaints about the quality of service they received. The service had received complaints and most had been addressed? Information about the complaint procedure was included in the information they received when the service began along with office and out of hours contact telephone numbers.

People and their relatives said the manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Information about safeguarding and whistleblowing was included in the staff handbook.

Staff provided people with the care and support they wanted and encouraged them and their relatives to be an active part of the care planning process. Staff had been trained to assist people to take their medicines safely and in the way they wanted them. People were treated with dignity and respect.

The area manager and manager carried out audits of all aspects of the service to drive improvement and to provide a well-led service. People's and their relative's views, were encouraged to add value to this process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some medicines were not administered safely, and some medicine records were not completed accurately. Most people had medicines given at the prescribed time.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks, and provided care at the times that had been agreed. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to support people safely and effectively. Staff had completed training essential to providing safe care, and supported most people to have sufficient to eat and drink.

People were encouraged to make choices and decisions about their lifestyles, and staff sought consent before commencing personal care.

Is the service caring?

Good

The service was caring.

People received care and support from a group of staff, which encouraged caring relationships to be established.

People received information about Fosse Healthcare, which included information about the development and of their care plan. People's views about their care and support had been sought and had been used in the development their care plans.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people received personalised care that met their needs. However some people did not receive a responsive service that fully provided them with regular care at the agreed times, consistency of the staff and adequately timed nutrition and hydration. People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service did not have a registered manager. A manager had been appointed. They and the staff team welcomed feedback from people and their relatives on the service provided. The provider used audits to check the quality of the service and drive improvements.

The service had an open and friendly culture and the manager and staff were approachable and helpful.

Fosse Healthcare - Derby

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a standard required set of information about a service. We reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We spoke with two people and four of their relatives. We also spoke with a company director, regional manager, area manager, the acting manager and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely. Medicines were not administered at the prescribed times required by people. We received mixed comments about the times and regularity people were offered their medicines.

One person said, "Fosse give me my medicine but they never give it on time because they come at all different times, it really isn't good." One relative told us, "(Named relative) isn't safe when it comes to medication, I lock the medicine in the tin, I put twenty-eight in on Saturday [family member] has one a night, [family member] should have had twenty three-left but there are twenty-four left, they have all been signed for. I have reported that and it isn't the first time it has happened." A second relative said, "Fosse carers do it [administer medicine], it is debatable whether [family member] receive them on time because the times the carers come always change." A third relative said, " [Family member] is meant to have another medication three times per day but we had to reduce it to twice a day because their timings are so inconsistent there wasn't always four hours between the tablets." However a fourth relative said, "The carers administer them [medicines] and she receives them on time." These were examples of people not being supported safely with their medicines which meant their health was put at risk.

We raised our concerns about the medicines management with the manager. They said that additional spot checks and staff supervision had commenced to ensure people received medicines safely. The training officers had commenced more regular spot checks and the frequency of errors had greatly reduced. They added that the medication administration charts (MAR) were being audited and the medicines recording had also improved. Where medication errors had been identified, staff had a reduction in work hours, until they were re-trained and considered competent in medicines administration.

We saw evidence that staff had been trained to administer and support people to take their medicines. There was a medicines administration policy in place for staff to refer to and assist them to provide medicines to people in a safe way.

People and most of their relatives told us personal care was delivered safely. However one person told us that a member of staff had lost the key to the back door of their property. The family discovered this when there was no key left in the key safe. The keys have since been replaced. That did not demonstrate a staff group that protects people and ensured their safety.

Records produced by the service indicated there had been 14 missed calls in the past 12 months. Most of these had been followed up with other staff on the same day. That meant people received the care and support they needed. The manager told us that the reasons for the missed calls varied but were predominantly miscommunication between the office and carers. This was where the carer's rota of calls had been updated, but this had not been communicated properly to ensure the staff were aware the call times had changed. That meant some people had calls miss or staff arrived much later than planned. Office staff now contact all care staff by phone to ensure the changes had been received.

A director of the company informed us the company had increased some staff hours that provided a

'guaranteed hours' contract. That meant they had staff that were paid for full time hours, and were available throughout the day to ensure people could get a follow up visit where required. This also meant the service had additional capacity to undertake other work as it became available.

Other comments we received from people about their safety included, "The girls [care staff] are marvellous they make me feel safe, I worry a lot, when they don't send the same girls after a while and it makes me anxious." However another person told us, "Yes totally they [staff] make me feel safe." One relative said, "I knew some of the carers previously from another company, I would trust them with my [family member] life." Another relative said, "Yes because I am here I can keep an eye on what they are doing."

Risks within people's homes had been assessed and risk assessments completed, which informed staff and reduced the impact of any recorded risk. The manager explained a staff member visited to complete an initial assessment of the person and their home environment prior to commencing any care. Dependant on the person who was to receive the care, a relative could also be involved. The manager told us this was only when the person gave approval or did not have capacity to provide the detailed information to enable the staff to care for them safely. The manager said that a copy of the service user guide (SUG) was left following this initial meeting. The SUG is a document that contains the office contact details and other information about the care service.

We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks. Staff gave us examples of how they ensured people's safety. For instance, staff made sure that doors and windows were kept locked and key safes were operated safely.

Staff informed us they were aware of how to check and ensure people's safety, and did so, on each visit. For example, they checked for tripping hazards, and anything in a person's home that could cause them or the staff any harm.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example indicating how people should access the person's home and leave it secure, ensuring lighting and heating were adequate. This information assisted staff to ensure the environment in people's homes was safe for the person and safe for staff to work in.

Care records for people showed that risk assessments were completed to protect their safety. Care plans provided staff with guidance to support people, for example how to move people safely. People had information in their care plans about who to contact in the event of an emergency.

Most people told us there was enough staff to undertake all the care calls at the allocated time. One person said, "There are enough [staff] for me."
We saw that staff recruitment practices were secure and in place. Staff records showed that before new members of staff were allowed to start, employment reference checks had been made with previous employers or persons known to the staff member. Checks had also been made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions. All staff records we viewed had a DBS in place.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were also aware of whistleblowing, which is when staff may need to report concerns to relevant agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were in place. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, only part of the whistleblowing procedure was contained in the 'Employee Handbook.' We spoke with the company director who said this would be carried out.

We saw evidence that staff attended regular staff meetings, where issues around the safety of the people who received a service and the staff's own personal safety was discussed. We saw in the minutes of a recent meeting where staff were reminded about the wearing of their uniform, name badge and the proper use of their personal protective equipment, which is supplied by the provider.

Good

Is the service effective?

Our findings

We asked people and their relatives if they felt staff were trained to meet their or their relative's needs. One relative told us, "Yes if a new one [care staff] comes they don't let them do the medication, it is left to the experienced ones [staff]." Another relative told us," Yes definitely, it is obvious they [staff] have been trained they ask similar questions." A third relative added, "Yes they [staff] are because some of them have proven their knowledge that I wouldn't expect them to have."

Staff were trained with a variety of methods used to impart knowledge to staff. There is classroom training with a presenter, computer training and 'shadowing'. Shadowing is where a new member of staff accompanies an experienced member of staff and is introduced to the person to be cared for. That allows the staff member to read the care plan, and see how the person prefers to receive their care.

Staff we spoke with were happy with the training they had undertaken and said this gave them the ability to care for the people they visited. Records showed staff had completed an induction as well as training courses related to their role in health and safety, fire safety, food hygiene, medicines management, and safeguarding people. This demonstrated an effective staff team to provide the care and support people needed. The manager stated all new staff commenced induction training linked to the 'care certificate' this is a training course designed to give staff knowledge in relation to their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The provider had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood that all the people they supported had capacity unless it was proven otherwise. This is in keeping with the MCA. If it appeared that someone might lack capacity staff ensured a mental capacity assessment was carried out.

Care records demonstrated that an assessment of capacity was undertaken at the point of the first visit if required. We saw these documents were included along with information on people's agreement to being cared for. Staff confirmed that people were routinely asked for their consent when care was being provided and their choices and decisions recorded. People who were being cared for and their relatives, agreed that staff asked for consent before care was offered.

Staff understood people's right of choice to agree or decline care. Where people had declined personal care

and were at risk, staff knew to inform their relative and report their concerns to the manager. That ensured staff provided care and support when allowed, and in a person's best interests.

Care plans explained the assistance people required to ensure their nutrition and hydration needs were met. Staff ensured most people were provided with enough to eat and drink. Most of the people, who received a service, had a live in relative or spouse. Meals were usually prepared by their relative, and heated by the care staff. Most people were left with a drink were left close by for people who were unable to obtain these without assistance between the calls. That ensured people's nutrition and hydration were monitored by staff and family members, which provided an effective way for people to remain healthy.

Staff we spoke with knew what to do if they found a person who was unwell or unconscious. Staff told us they would call the emergency services, a relative and the manager, whichever were required. They would also complete a record in the person's notes held at their home. Healthcare support was organised by people's relatives to ensure people remained healthy.

Good

Is the service caring?

Our findings

We asked people and their relatives if the care staff were caring and treated them with respect. People told us, "They [staff] are pleasant and polite and respectful." Another person said, "Yes some of them very much, they are caring." A relative told us, "Yes very much so, the general manner, the way they talk and treat people." Another relative said, Yes they are very much so, they encourage [family member] to smile or open [their] eyes." A third relative said, "From what I have witnessed yes because they speak to [family member] nicely, they are gentle."

Most people told us they had time to develop a positive and caring relationship with staff since they commenced receiving a service from Fosse Healthcare. However some people told us there were regular changes of staff, which they were informed about in advance. We spoke with the company director who told us they were looking at introducing a new staffing structure. That would encourage staff to remain employed with the company and so build on the consistency of visits and promote caring relationships.

People were provided with an introductory pack of information when their service commenced. This included information about confidentiality and safeguarding, information about key policies and procedures, which included equality and diversity and staff identification. People or a family member confirmed they had received this information, at the initial meeting to discuss their care plan. This showed a commitment to provide and open and transparent service. This enabled people who used the service and their relatives' access to information about the service and what they should expect.

People were supported to express their views and be involved in planning their care and support. We asked people if they could make decisions about their care, and if they felt involved in the process. One person said to us, "Yes very much so." Another person said, "Yes but my daughter does most of the talking." People's relatives told us, "[Family member] is able to make decisions when with the family, but [they] struggles with [their] dementia." Another relative said, "Oh gosh yes, I always do the review with someone from the office."

People and their relatives were positive about the attitude and approach of staff, and confirmed staff recognised their privacy and dignity. People told us that staff closed windows, curtains and doors to ensure their dignity was preserved. Staff told us it was important to cover people up when offering personal care, which helped protect them from embarrassment.

Peoples relatives told us staff encouraged people to remain independent. One relative said, "When they give [named] a meal they give [them] a knife and fork, they encourage her to cut up her own food." Another relative added, "They are always encouraging [named] to do what she can."

Requires Improvement

Is the service responsive?

Our findings

People and their relatives gave us a mixed response when asked if carers arrived on time. Some said the carers visited at a regular time; however some said they did have regular times but these were changed at short notice. One person said, "Yes, (they arrive on time)." Another person said, "I never get a rota, they come at all different times, late [or] early." A third person said, "They come at all different times, sometimes lunch is at 11.30 which is too early, in the evening they have done a night call at 6.00pm which is too early, then my medication is given at the wrong times."

One relative told us, "Yes the time suits us." However, a second relative told us, "No we stated a preference and they said they couldn't meet it." A second relative said, "We stated a preference and they said they couldn't meet it." A third relative told us, "I never get a rota, they come at all different times, late, early." These were all examples of the service not being responsive.

Most people and their relative's felt the care, nutrition and drinks provided by staff was, in line with the care plan and was responsive to their or their relatives' needs. However one person told us their diet was essential, but their tea time meal was provided at 3.00pm, which was too early for their needs. Another person who was unable to get themselves a drink, was not always supplied with one to ensure they remained hydrated between calls. That demonstrated the service was not fully responsive to meet people's needs.

We discussed with the manager how they would ensure that calls were on time. They explained the staff were allowed travelling time between visits, but sometimes staff were late due to the distance between calls and encountered traffic which caused the delay. Office staff recorded late calls and the manager and area manager monitored these. The outcomes were analysed and plans put in place, for example the guaranteed hours contract for staff. Some of the people and their relatives we spoke with confirmed that office staff phoned to let the person know. Some people and their relatives said they hadn't always had a call to say the carers were going to be late. The manager said all staff understood the importance of being on time and providing responsive care. They added office staff now ensured that direct contact was made with people receiving the service to ensure they were aware of the changes.

People and their relatives confirmed with us they had participated in reviewing care plans. These were detailed and set out how staff should offer choice and control in people's lives. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

Records showed most staff took a flexible and responsive approach to the people they worked with. Some people told us that staff were flexible, and if time allowed they would assist with any additional tasks, such as tidying their room, or putting out the rubbish. However some people had rang the office as there were times where staff had not fulfilled their allocated task. These were recorded as incidents, and varied from

where people had cancelled the call when the staff member arrived at the house, where relatives called to ensure their visit was still taking place due to the staff being late, and records being completed incorrectly. These incidents were investigated by the manager and area managers, and an outcome and explanation was recorded in each case. Learning was passed onto all staff to ensure people were aware how to avoid a repeat of the situation.

We had mixed comments about how people's complaints were managed. People and their relatives told us they were aware about the complaints process. One person said, "I have nothing to complain about." Another person said," I try not to complain." One relative said to us," I have a phone number for Fosse [Healthcare], I complained about the times they come, the first call in the morning is too late, that was the best they could do and they said they would let us know if they could alter the times in the future but they never did." A second relative said, "I call the office, I complained about the medication, they haven't got back to me about it yet." We spoke with the manager about the complaints process and they stated these issues had now been resolved.

People and their relatives said they have raised concerns with the manager. People were aware of the contact details of the office and had access to a copy of the complaints procedure. The manager said all the people that used the service and their relatives or representatives were given a copy of this when the service commenced.

The service recorded complaints on a different form than the incidents mentioned above and had an open and responsive approach to complaints. We noted the service had ten formal complaints in the last 12 months. Staff used the service's complaints management system to log complaints and the action taken to resolve them. Records showed that complaints were taken seriously and complainants kept informed of how the service was dealing with them and the outcomes. Information on complaint outcomes is relayed to staff via the staff newsletter to drive improvement from the wider staff group. Full information on how people could make a complaint was included in the service user guide, which is given to all people when their service commenced.

Requires Improvement

Is the service well-led?

Our findings

We received mixed comments from people and their relatives about the quality of service their family member received. One person said, "It is [well organised] from my point of view, the girls [staff] complain they are short staffed but I always get a visit." A relative told us, "The problem is the timing of the visits." A second relative told us, "I don't get a rota, they are always late." A third relative said, "That is a difficult one, it isn't shambolic but it has its problems." A fourth relative said, "I feel they are an extremely efficient organisation."

People said the manager and staff listened to them, wanted to hear their views, and kept most of them informed about the service. The manager said all the people who used the service had the office contact and out of hours contact telephone numbers so they could contact someone at any time if needed. Some people told us that they were not always given a rota of which staff would visit, and others said when they did get a rota with staff names, this regularly changed. We spoke with the manager, who said this only related to one of the four main geographical areas they provided the service too. This was in a rural area and involved greater travelling time for staff which impacted on their timekeeping and overall efficiency. They also said they were trying changes to some staff's terms and conditions of service to encourage improvement in this area.

We asked people what the positives were about the service. One person said to us, "The foreign girls are the nice ones, they are brilliant." A second person said, "Good staff." A relative said to us, "They do their job well." A relative said, "The people are friendly, helpful, I mean the carers they are first class." A second relative said, "The girls [staff] are always nice, they are never grumpy, they are always talking to [family member]." A third relative said, "We are able to keep mum at home for the moment, helping to retain her independence."

We asked people how they thought the service could be improved. One person said to us, "From my point of view it couldn't." A relative said, "It is pretty good the way it is." A second relative said, "They need to sort the timings of the visits out." A third relative said, "They need a more consistent staff team in a particular area, so there are regular carers, they take on too many clients hence everyone can't get lunch at lunchtime, they need to recruit more staff." We spoke with the company director who said they were aware that staff retention in one area was difficult, but were trying different ways of retaining staff to ensure all calls were made on a timely basis.

People and their relatives said the manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments to their care plan. One relative said they have been sent a questionnaire which gave them the opportunity to comment on the efficiency of the service. People and their relatives confirmed they had been sent questionnaires.

Some people said they were contacted by phone by staff from Fosse Healthcare to ensure they were satisfied with their care and support. One person said, "Yes [they called] about once a month." Other people we asked could not remember having a call. We asked the manager about how these calls were organised.

They said they were contacted regularly to ensure any issues were dealt with promptly and to the satisfaction of people.

People confirmed they could also share their views during reviews, with staff at the office or the manager. The manager regularly checked with people that they were satisfied with the support provided. This was part of the quality assurance system that was in place, which along with 'spot checks' and telephone interviews ensured the service was personalised and delivered in the way people wanted it. Staff spot checks included observations around time keeping, staff uniform, name badge, completion of the planned care and the notes made by the care staff.

Records showed that the manager and area manager carried out audits of the service to ensure the service staff were performing their duties efficiently. Staff had regular supervision meetings. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. That benefited the people using the service as it helped to ensure staff were more well-informed and enabled to care and support people effectively. The manager sent us a plan following the inspection which indicated supervision meetings were planned for all staff.

Staff told us they liked working for the service and felt supported by the manager and office staff. One staff member told us, "Though I know what I am doing, if I have a query or issue I contact the office, they are always quick to respond."

Staff we spoke with told us that they would recommend the service if a relative of theirs needed this service, as they rated the care provided as very good.

We saw the service had regular staff meetings, which were used to inform staff of changes to people's care. They also provided staff with support in carrying out quality personal care to people. This meant that staff were supported to analyse their competence and help the manager identify their training needs.

We saw that the manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises due to an accident or disaster.
We contacted the local authority who commission domiciliary care services. They were aware of some complaints about medicine being missed and missed and late calls. We were also made aware of these, through our telephone contact with a selection of people who used the service. The commissioner stated the new manager had been proactive in greatly reducing these occurrences.